


HCEA Statistics



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**U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

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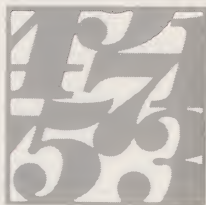
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Preface

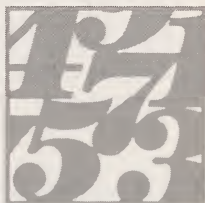
Since the Medicare and Medicaid programs began, health care expenditures have grown faster than the rest of the economy. Medicare and Medicaid have grown even faster than health expenditures in general. This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs.



The data are organized as follows:

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Highlights



Growth in HCFA programs and health expenditures

Populations

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to 30.6 million in 1984, a 57-percent increase.

In 1967, Medicare enrollees represented 9.7 percent of the U.S. resident population; in 1984, they represented 12.7 percent.

- Medicaid recipients (data on eligibles are not available) increased from about 10 million in calendar year 1967 to 22.0 million in fiscal year 1984, an increase of 120 percent.

Data for 1984 indicate that 8.6 percent of the U.S. resident population received Medicaid services.

Providers/Suppliers

- The number of short-stay hospitals decreased by 150 from 6,198 to 6,048 between the end of 1967 and January 1984. However, the number of certified beds increased 249,000 or 32 percent during the same period.
- Skilled nursing facilities decreased from 4,405 in January 1968 to 3,928 in July 1976. Since then, the number has increased steadily to 5,760 in January 1984, a 47-percent increase.
- Skilled nursing facility beds decreased from 308,800 in January 1968 to 287,500 in January 1976. The number has increased steadily since then to 519,600 in January 1984, a 81-percent increase.
- The number of home health agencies increased 124 percent from 1,890 in January 1968 to 4,235 in January 1984.
- Independent laboratories increased 57 percent from 2,355 in January 1968 to 3,708 in January 1984.

Expenditures

- National health expenditures increased 528 percent between calendar year 1967 (\$51 billion) and calendar year 1982 (\$322 billion), while the gross national product increased 283 percent.
- Public expenditures on health increased 621 percent between 1967 (\$19 billion) and 1982 (\$137 billion).
- Federal health expenditures increased 682 percent between 1967 (\$12 billion) and 1982 (\$93 billion).
- Total Medicare and Medicaid (including State and local share) expenditures increased 1,018 percent between 1967 (\$8 billion) and 1982 (\$86 billion).

- National health expenditures per person increased from \$254 in 1967 to \$1,365 in 1982, an increase of 437 percent.
- National health expenditures are projected to reach \$690 billion in 1990, with the Federal share being \$211 billion.

Utilization of Medicare and Medicaid Services

- Almost 40 million persons will receive services reimbursed under Medicare or Medicaid in fiscal year 1984. Approximately 15 million persons received some reimbursed services in calendar year 1967. This is an increase of 167 percent.
- One out of four, or about 10 million of these persons will use inpatient hospital services covered under Medicare or Medicaid.
- Three out of four, or about 30 million of these persons, will receive reimbursable physician services under Medicare or Medicaid this year.
- About 19 million persons will receive reimbursable outpatient hospital services under Medicare or Medicaid this year.
- About 700,000 persons will receive care covered by Medicare or Medicaid in skilled nursing facilities this year.
- Nearly 950,000 persons will receive covered intermediate care facilities care under Medicaid this year.
- About 1.5 million persons will receive reimbursable home health agency visits under Medicare or Medicaid this year.
- About 14 million persons will receive drug prescriptions under Medicaid this year.

Populations



Information about persons covered by Medicare and Medicaid

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

MEDICARE ENROLLMENT/TRENDS

	Total Persons	Aged Persons	Disabled Persons
(in millions)			
July			
1966	19.1	19.1	—
1970	20.5	20.5	—
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1981	29.0	26.0	3.0
1982	29.5	26.5	3.0
1983	30.0	27.1	2.9
1984	30.6	27.7	2.9
1985	31.2	28.3	2.9

MEDICARE ENROLLMENT/COVERAGE

	HI and/or SMI ¹	HI	SMI
(in millions)			
All Persons	30.0	29.6	29.0
Aged Persons	27.1	26.7	26.3
Disabled Persons	2.9	2.9	2.7

(July 1983)

¹Hospital insurance (HI): supplementary medical insurance (SMI).

MEDICARE ENROLLMENT/DEMOGRAPHICS

	Total	Male	Female
(in thousands)			
All Persons	30,026	12,720	17,307
Aged Persons	27,109	10,874	16,235
65-74	15,909	6,951	8,958
75-84	8,488	3,140	5,348
85 and over	2,712	782	1,929
Disabled Persons	2,918	1,846	1,072
Under 45	780	513	267
45-54	598	390	208
55-64	1,540	943	596
White	26,235	11,058	15,177
Other Races	2,935	1,316	1,619
Unknown	857	346	511

(July 1983)

MEDICARE ENROLLMENT/REGION

	July 1983		Enrollees as Percent of Population
	Resident Population	Medicare Enrollees	
(in thousands)			
All Regions	237,626	¹ 29,793	12.5
Boston	12,490	1,726	13.8
New York	28,498	3,775	13.2
Philadelphia	24,943	3,263	13.1
Atlanta	40,703	5,547	13.6
Chicago	45,675	5,732	12.5
Dallas	27,187	2,913	10.7
Kansas City	11,897	1,716	14.4
Denver	7,469	756	10.1
San Francisco	30,334	3,351	11.0
Seattle	8,430	991	11.8

¹Includes enrollees with unknown State of residence, but excludes those living in foreign countries.

MEDICAID RECIPIENTS/TRENDS

	1975	1980	1983	1984	1985
(in millions)					
Total	22.0	21.6	21.5	22.0	22.3
Aged	3.6	3.4	3.2	3.2	3.3
Blind/Disabled	2.4	2.8	3.0	3.1	3.1
Children under Age 21	11.4	10.8	10.7	11.1	11.2
AFDC-Adults ¹	4.6	4.6	5.5	5.6	5.7

(Fiscal year data)

¹Aid for Families with Dependent Children (AFDC).

MEDICAID RECIPIENTS/STATE BUY-IN FOR MEDICARE

	Calendar Year		
	1982	1981	1975
All Eligibles (thousands)	3,148	3,257	3,364
Aged Eligibles	81%	82%	87%
Disabled Eligibles	19%	18%	13%

MEDICAID RECIPIENTS/DEMOGRAPHICS

	Fiscal Year 1983
All Recipients (millions)	21.5
Age—49 Reporting Jurisdictions (millions)	17.7
Under 6	20.5%
6-20	29.1%
21-64	31.1%
65 and over	18.2%
Unknown	1.1%
Sex—49 Reporting Jurisdictions (millions)	17.7
Male	35.7%
Female	64.1%
Unknown	0.2%
Race—47 Reporting Jurisdictions (millions)	14.0
White	53.1%
Other	41.8%
Unknown	5.1%

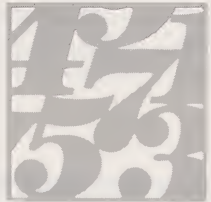
MEDICAID RECIPIENTS/REGION

	FY 1983 Medicaid Recipients in thousands
All Regions	21,471
Boston	1,117
New York	4,338
Philadelphia	2,142
Atlanta	2,885
Chicago	4,227
Dallas	1,565
Kansas City	762
Denver	338
San Francisco	3,628
Seattle	468

II

Providers /Suppliers

Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies



These data are distributed by major provider/supplier categories, geographic region, and type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

INPATIENT HOSPITALS/TRENDS

	1984	1980	1975
Total Hospitals	6,687	6,780	6,707
Beds (thousands)	1,144	1,152	1,132
Beds per 1,000 Enrollees	42.9	46.9	51.5
Short-Stay	6,048	6,111	6,084
Beds (thousands)	1,021	988	884
Beds per 1,000 Enrollees	38.3	40.2	40.2
Psychiatric	430	408	358
Beds (thousands)	97	136	207
Beds per 1,000 Enrollees	3.6	5.5	9.4
Other Long-Stay	209	261	265
Beds (thousands)	26	29	42
Beds per 1,000 Enrollees	1.0	1.2	1.9

(Data as of January 1; rates based on number of aged HI enrollees, July 1). Facilities certified for Medicare are deemed to meet Medicaid standards.

INPATIENT HOSPITALS/REGION

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Regions	6,048	38.6	639	4.6
Boston	262	32.9	65	10.3
New York	432	34.8	78	10.1
Philadelphia	482	38.3	91	5.7
Atlanta	1,107	39.1	99	3.1
Chicago	1,100	41.6	103	2.5
Dallas	913	45.1	58	3.1
Kansas City	544	42.3	43	3.9
Denver	331	41.1	27	5.8
San Francisco	617	34.9	63	2.5
Seattle	260	29.6	12	3.6

(January 1984 data; rates based on estimated number of aged HI enrollees, July 1, 1983.)

SKILLED NURSING FACILITIES/REGION

	Title XVIII and XVIII/XIX Facilities	Beds	Title XIX Only Facilities	Beds
All Regions	5,760	519,551	2,493	220,479
Boston	401	28,531	284	15,888
New York	681	91,112	92	10,514
Philadelphia	675	61,139	136	8,895
Atlanta	971	78,429	393	37,938
Chicago	1,284	113,600	737	76,637
Dallas	86	5,368	261	21,755
Kansas City	156	13,492	99	7,390
Denver	233	21,534	167	14,147
San Francisco	1,052	96,420	181	14,817
Seattle	221	9,926	143	12,498

(January 1984)

OTHER TITLE XIX LONG-TERM CARE FACILITIES/REGION

	Intermediate Care Facilities	Beds	Institutions for Mentally Retarded
All Regions	11,450	1,000,765	2,066
Boston	902	53,677	185
New York	473	52,793	310
Philadelphia	777	80,071	124
Atlanta	1,686	145,662	165
Chicago	3,298	308,009	810
Dallas	1,664	151,232	221
Kansas City	1,294	100,779	50
Denver	556	44,558	43
San Francisco	296	23,333	96
Seattle	504	40,651	62

(January 1984)

OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

	1984	1980	1975
Home Health Agencies	4,235	2,858	2,254
Independent Laboratories	3,708	3,448	2,994
End-Stage Renal Disease Facilities	1,308	975	—
Outpatient Physical Therapy	702	386	115
Portable X-Ray	266	210	131
Rural Health Clinics	423	359	—
Comprehensive Outpatient Rehabilitation Facilities	43	—	—
Ambulatory Surgical Centers	155	—	—
Hospice	76	—	—

(January 1984)

SELECTED FACILITIES/TYPE OF CONTROL

	Short- Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	6,048	5,760	4,235
Nonprofit	55.5%	22.5%	40.8%
Proprietary	12.7%	69.5%	26.2%
Government	31.8%	8.1%	33.0%

(January 1984. Facilities certified for Medicare are deemed to meet Medicaid standards.)

PERIODIC INTERIM PAYMENT (PIP) FACILITIES/TRENDS

	1983	1982	1980	1975
Hospitals				
Number of PIP	2,677	2,506	2,276	1,524
Percent of Total Participating	38.5	37.2	33.8	22.5
Skilled Nursing Facilities				
Number of PIP	236	211	203	161
Percent of Total Participating	4.2	3.9	3.9	4.1
Home Health Agencies				
Number of PIP	683	561	481	86
Percent of Total Participating	16.6	15.9	16.0	3.8

PHYSICIANS/TRENDS

	1981		1970	
	Number	Percent	Number	Percent
Non-Federal Physicians				
Active in Patient Care	373,644	100.0	255,027	100.0
Medical Specialties	109,074	29.2	60,968	23.9
Surgical Specialties	106,063	28.4	75,991	29.8
Other Specialties	101,833	27.3	63,970	25.1
General and Family Practice	56,674	15.2	54,098	21.2

PHYSICIANS/REGION

	Non-Federal Physicians Active in Patient Care	Physicians Per 100,000 Population
All Regions	373,644	1,604
Boston	25,141	2,020
New York	56,172	1,980
Philadelphia	43,242	1,748
Atlanta	52,893	1,336
Chicago	68,045	1,486
Dallas	33,749	1,311
Kansas City	15,802	1,337
Denver	10,209	1,432
San Francisco	55,969	1,923
Seattle	12,422	1,504

(Physicians as of December 1981; resident population as of July 1981.)

MEDICARE ASSIGNED CLAIMS/REGION

	1983 Net Assignment Rates	1978 Net Assignment Rates
All Regions	53.9	50.6
Boston	68.1	68.2
New York	58.6	49.6
Philadelphia	66.3	60.6
Atlanta	53.6	50.6
Chicago	50.4	47.0
Dallas	53.6	49.5
Kansas City	40.3	38.0
Denver	36.6	40.1
San Francisco	53.3	53.3
Seattle	29.6	32.1

(Calendar year data)

Expenditures

Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

HCFA AND TOTAL FEDERAL DISBURSEMENTS

	Fiscal Year 1983
	(in billions)
Total Federal Budget	\$796.0
DHHS (34.8% of Federal Budget)	276.6
HCFA (10.2% of Federal Budget)	81.2
Medicare Benefit Payments	55.6
Medicaid Medical Assistance Payments	18.0
HCFA Program Management	1.0
State and Local Administration/Training	1.0
Other Administrative Expenses	0.4

PROGRAM BENEFIT PAYMENTS/TRENDS

	Total	Medicare	Medicaid ¹
Calendar Year		(in billions)	
1966	\$ 2.5	\$ 1.0	\$ 1.5
1970	12.3	7.1	5.2
1980	60.9	35.7	25.2
1982	82.4	51.1	31.3
1983	91.4	57.4	34.0

¹Federal and State expenditures combined.

²1980-82 revised.

PROGRAM BENEFIT PAYMENTS/REGION

	Fiscal Year 1983	
	Medicare	Medicaid ¹
	(in millions)	
All Regions	\$55,555	\$32,316
Boston	3,397	2,434
New York	7,111	7,363
Philadelphia	6,304	3,052
Atlanta	9,266	3,716
Chicago	11,094	6,608
Dallas	5,071	2,778
Kansas City	2,998	1,181
Denver	1,248	642
San Francisco	7,507	3,773
Seattle	1,560	770

¹Adjusted Federal Share.

MEDICARE/TRUST FUND PROJECTIONS

	Fiscal Year		
	1983	1984	1985
	(in billions)		
HI Benefit Payments ¹	\$38.1	\$43.8	\$51.1
Aged	33.7	38.8	45.3
Disabled	4.4	5.0	5.8
SMI Benefit Payments ¹	17.5	20.4	23.8
Aged	14.7	17.4	20.3
Disabled	2.8	3.0	3.4

¹1984 Annual Reports of the Board of Trustees of the Federal Hospital Insurance (HI) Trust Fund and Supplementary Medical Insurance (SMI) Trust Fund.

MEDICARE/TYPE OF BENEFIT

	FY 1983	Percent Distribution
	Benefit Payments in millions	
Total HI ¹	\$38,102	100.0
Inpatient Hospital	36,077	94.7
Skilled Nursing Facility	515	1.4
Home Health Agency	1,510	4.0
Total SMI ¹	\$17,487	100.0
Physician/Other Suppliers	12,915	73.9
Radiology and Pathology	611	3.5
Outpatient Hospital	3,361	19.2
Home Health Agency	16	0.1
Group Practice Prepayment	394	2.3
Independent Laboratory	190	1.1

¹Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICAID/BASIS OF ELIGIBILITY

	FY 1983 Vendor Payments in millions	Percent Distribution
Total	\$32,316	100.0
Aged	11,954	37.0
Blind/Disabled	11,340	35.1
Children under Age 21	4,540	14.0
AFDC-Adults ¹	4,482	13.9

¹Aid for Families with Dependent Children (AFDC).

MEDICAID/TYPE OF SERVICE

	Fiscal Year	
	1983	1982
	(in billions)	
Total Vendor Payments	\$32.3	\$29.9
	(percent of total)	
Inpatient Services	30.2	29.6
General Hospitals	27.2	26.2
Mental Hospitals	3.0	3.4
ICF Services ¹	28.6	28.7
Mentally Retarded	12.0	12.1
All Other	16.6	16.6
Skilled Nursing Facility Services	14.3	14.7
Physician Services	6.7	7.0
Prescribed Drugs	5.4	5.3
Outpatient Hospital Services	4.8	5.3
Dental Services	1.4	1.7
Home Health Services	1.8	1.7
Clinic Services	1.5	1.4
Other Practitioner Services	0.7	0.8
Laboratory and Radiological Services	0.6	0.5
Family Planning Services	0.5	0.4
Other Care	3.4	2.8

¹Intermediate care facility (ICF).

NATIONAL HEALTH CARE/PROJECTIONS

	Calendar Year			
	1990	1982 ¹	1970	1965
National Total (billions)	\$690.4	\$322.4	\$74.7	\$41.7
Percent of GNP ²	12.3	10.5	7.5	6.0
Per Capita Amount	\$2,724	\$1,365	\$ 358	\$ 211
Source of Funds	(percent of total)			
Private	57.5	57.6	62.8	74.1
Public	42.5	42.4	37.2	25.9
Federal	30.6	28.9	23.7	13.3
State/Local	11.9	13.5	13.6	12.6

¹Currently being revised.

²Gross national product (GNP).

NATIONAL HEALTH CARE/TYPE OF EXPENDITURE

	National Total in billions	Per Capita Amount	Percent Paid by Medicare	Percent Paid by Medicaid
Total	\$322.4	\$1,365	16.2	10.5
Health Services and				
Supplies	308.3	1,305	16.9	11.0
Personal Health				
Care	286.9	1,215	17.7	11.3
Hospital Care	135.5	574	26.8	8.7
Physicians' Services	61.8	262	18.5	4.7
Nursing Home Care	27.3	116	1.7	48.5
Other Personal Care	62.2	263	4.3	7.2
Other Services and				
Supplies	21.4	90	6.0	7.2
Research/Construction	14.1	60	—	—

(Calendar year 1982, currently being revised.)

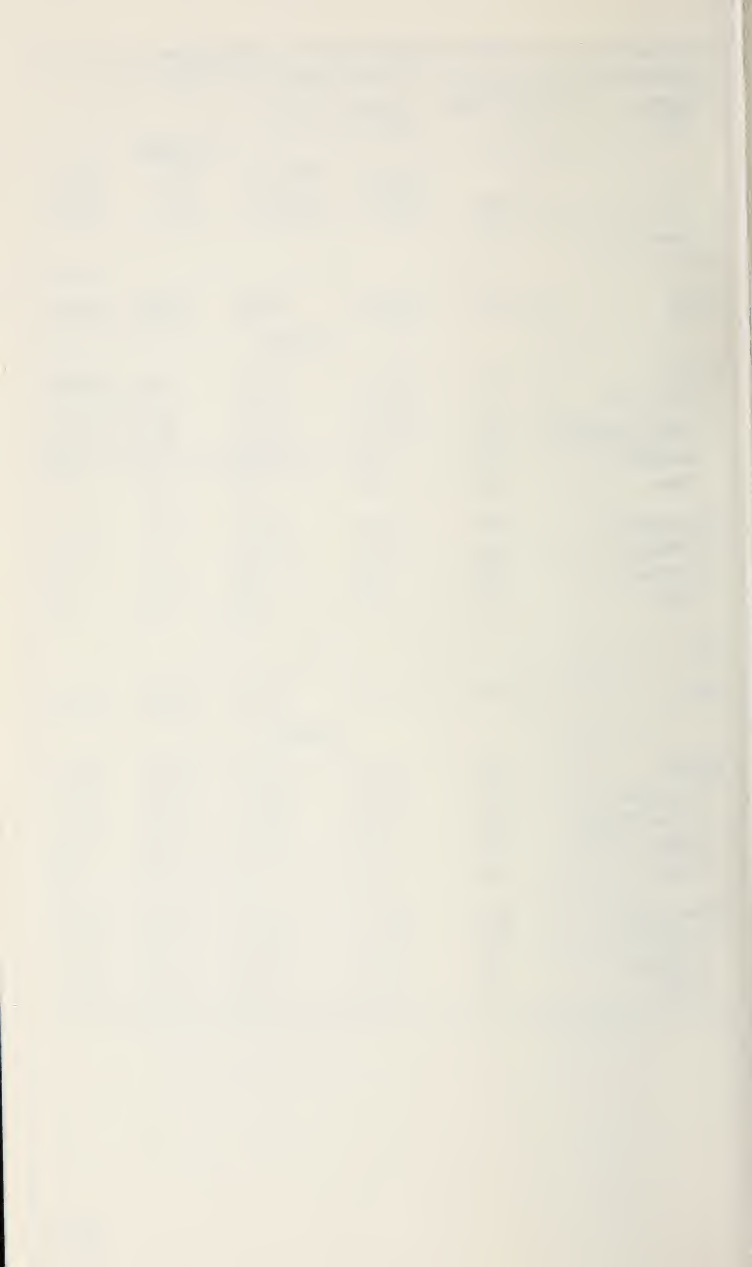
PERSONAL HEALTH CARE/PAYMENT SOURCE

	Calendar Year		
	1982 ¹	1981 ¹	1970
	(in billions)		
Total	\$286.9	\$254.6	\$65.1
	(percent)		
Private			
Out-of-Pocket	31.5	32.2	39.9
Other Private	28.2	27.6	25.6
Public			
Medicare	17.7	17.1	10.9
Medicaid	11.3	11.4	8.0
Other Public	11.3	11.7	15.6

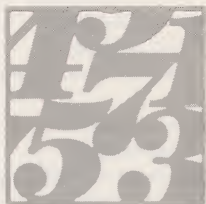
¹1982-1981 currently being revised.

**PER CAPITA SPENDING AND SOURCES OF FUNDS FOR
PERSONAL HEALTH CARE EXPENDITURES FOR PERSONS 65
YEARS OF AGE AND OLDER — 1984 AND 1977**

	Total	Hospital Care	Physicians' Services	Nursing Home Care	Other Care
Calendar Years					
1984					
Total	\$4,202	\$1,900	\$868	\$880	\$554
	(percent)				
Private	32.8	11.4	39.7	51.9	65.3
Consumer	32.4	11.0	39.6	51.2	64.8
Out-of-Pocket	25.2	3.1	26.1	50.1	59.9
Insurance	7.2	7.9	13.5	1.1	4.9
Other	0.4	0.4	.0	0.7	0.5
Government	67.2	88.6	60.3	48.1	34.7
Medicare	48.8	74.8	57.8	2.1	19.9
Medicaid	12.8	4.8	1.9	41.5	11.4
Other	5.6	9.1	0.7	4.4	3.4
1977					
Total	\$1,785	\$ 777	\$320	\$440	\$248
	(percent)				
Private	36.1	12.3	42.7	50.7	76.2
Consumer	35.7	12.0	42.7	50.0	75.5
Out-of-Pocket	29.3	4.9	27.6	49.2	72.3
Insurance	6.4	7.1	15.1	0.8	3.2
Other	0.4	0.3	.0	0.7	0.6
Government	63.9	87.7	57.3	49.3	23.8
Medicare	44.1	74.5	53.4	3.3	9.6
Medicaid	13.9	3.9	3.0	41.6	10.4
Other	5.9	9.3	0.9	4.4	3.8



Utilization



Information about the use of health care services

Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care use include: persons served; units of service; (e.g., admissions, discharges, days of care, etc.); and dimensions of the services rendered; (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, by provider characteristics, by type of service, and by demographic and geographic variables.

MEDICARE/SHORT-STAY HOSPITAL

	Total	Aged	Disabled
Number of Admissions (millions)	11.5	10.0	1.5
Days of Care			
Total (millions)	115.5	102.4	13.1
Rate per 1,000 Enrollees	4,004	3,953	4,445
Covered (millions)	112.5	99.7	12.7
Average Length of Stay per Admission	10.2	10.2	9.8
Covered Charges			
Total (billions)	\$47.4	\$41.7	\$ 5.7
Mean per Covered Day	\$ 421	\$ 418	\$446
Interim Reimbursement			
Total (billions)	\$31.6	\$27.9	\$ 3.8
Mean per Covered Day	\$ 281	\$ 280	\$296

(Calendar year 1982)

Revised Estimate

MEDICARE/LONG-TERM CARE

	Total	Aged	Disabled
Skilled Nursing			
Covered Days (millions)	8.6	8.3	0.3
Interim Reimbursement			
Total (millions)	\$ 429	\$ 414	\$ 15
Mean per Covered Day	\$ 50	\$ 50	\$ 54
Long-Stay Inpatient			
Covered Days (millions)	2.8	1.6	1.1
Interim Reimbursement			
Total (millions)	\$ 426	\$ 276	\$150
Mean per Covered Day	\$ 155	\$ 170	\$131
Home Health			
Visits (millions)	31.6	29.1	2.5
Charges			
Total (millions)	\$1,327	\$1,220	\$108
Visit (millions)	\$1,261	\$1,160	\$101
Mean per Visit	\$ 40	\$ 40	\$ 40
Interim Reimbursement			
(millions)	\$1,134	\$1,042	\$ 92

(Calendar year 1982)

Revised estimate

MEDICARE PERSONS SERVED/TRENDS

	Calendar Year			
	1984	1980	1975	1967
Aged Persons Served per 1,000 Enrollees				
HI and/or SMI ¹	660	638	528	367
HI	260	240	221	203
SMI	670	652	536	365
Disabled Persons Served per 1,000 Enrollees				
HI and/or SMI ¹	650	594	450	—
HI	275	246	219	—
SMI	675	634	471	—

¹Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE PERSONS SERVED/TYPE OF SERVICE

	Aged Persons Served in thousands	Served per 1,000 Enrollees	Disabled Persons Served in thousands	Served per 1,000 Enrollees
HI and/or SMI ¹	17,023	641	1,799	609
HI	6,548	251	759	257
Inpatient Hospital	6,338	243	739	250
Skilled Nursing Facility	244	9	8	3
Home Health Agency	1,074	41	80	27
SMI	16,807	654	1,760	651
Physician and Other Medical	16,346	636	1,671	618
Outpatient	7,465	290	982	363
Home Health Agency	17	1	*	—

(Calendar year 1982)

¹Hospital insurance (HI); supplementary medical insurance (SMI).

*Less than 0.5

MEDICARE PERSONS SERVED/REGION

	Aged Persons Served in thousands	Served per 1,000 Enrollees	Disabled Persons Served in thousands	Served per 1,000 Enrollees
All Regions	17,017	647	1,798	612
Boston	1,086	697	92	659
New York	2,219	668	241	581
Philadelphia	1,873	653	205	615
Atlanta	3,050	636	380	599
Chicago	3,221	629	323	624
Dallas	1,560	607	162	548
Kansas City	964	615	79	594
Denver	428	628	34	588
San Francisco	2,043	695	231	705
Seattle	573	649	50	599

(Calendar year 1982 data; served under hospital insurance (HI) and/or supplementary medical insurance (SMI)).

MEDICARE/END-STAGE RENAL DISEASE

	Calendar Year	
	1983	1982
Total Enrollees ¹	89,427	76,117
Dialysis Patients ²	71,988	65,765
In-Center	58,343	54,032
Home	13,645	11,733
Transplants Performed ³	6,112	5,358
Living Donor	1,784	1,677
Cadaveric Donor	4,328	3,681
Average Dialysis Payment Rate		
Hospital-Based Facilities	⁴ \$131	\$174
Freestanding Facilities	⁴ \$127	138

¹ Medicare ESRD enrollees as of July 1.

² Includes Medicare and non-Medicare patients receiving dialysis as of December 31.

³ Includes Medicare and non-Medicare reimbursed transplants.

⁴ Effective August 1983.

MEDICAID/TYPE OF SERVICE

	Recipients in thousands
Total	21,471
Inpatient Services	
General Hospitals	3,659
Mental Hospitals	82
Skilled Nursing Facility Services	573
Intermediate Care Facility Services	
Mentally Retarded	145
All Other	792
Physician Services	14,022
Dental Services	4,916
Other Practitioner Services	3,294
Outpatient Hospital Services	9,959
Clinic Services	1,754
Laboratory and Radiological Services	4,442
Home Health Services	419
Prescribed Drugs	13,692
Family Planning Services	1,527
Other Care	2,600

(Fiscal year 1983)

MEDICAID/UNITS OF SERVICE

	Reporting Jurisdictions	Number in thousands
General Hospital		
Total Discharges	47	3,230
Recipients Discharged	48	2,655
Total Days of Care	48	25,460
Skilled Nursing Facility	43	
Total Recipients	43	391
Total Days of Care	43	89,143
Intermediate Care Facility ¹	45	
Total Recipients	45	671
Total Days of Care	45	176,976
Physician Visits	45	75,348
Drug Prescriptions	45	175,831

(Fiscal year 1982)

¹Excludes mentally retarded.

MEDICAID/EPSDT¹

	Fiscal Year 1983
Total Reported Individuals Screened	2,178,991
Total Payments for Screening Services	\$62,975,000
Average Screening Cost	\$29

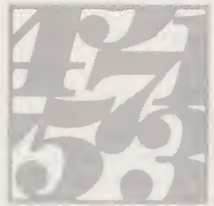
¹Early and Periodic Screening, Diagnosis, and Treatment.

MEDICAID/ABORTIONS

	Fiscal Year	
	1983	1982
Total	528	1,033
	(percent of total)	
Life of Woman Endangered	100.0	83.2
Rape or Incest	—	4.9
Medically Necessary	—	11.9
Total Expenditures	\$367,466	\$555,953

Administrative /Operating

Information on activities and services related to oversight of the day-to-day operations of HCFA programs



Included are data on Medicare contractors, contractor activities and performance, HCFA and State Agency administrative costs, and summaries of the operation of the Medicare trust funds.

MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

	Administrative Expenses in millions	Ratio to Benefit Payments
HI Trust Fund¹		
1970	\$157	3.1%
1975	266	2.4
1980	512	2.0
1982	513	1.4
1983	540	1.4
SMI Trust Fund¹		
1970	\$237	12.0%
1975	462	10.8
1980	610	5.7
1982	772	5.0
1983	878	4.8

(Calendar year data)

¹Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE/CONTRACTORS

	Part A Intermediaries	Part B Carriers
Blue Cross/Blue Shield	56	28
Other	7	¹ 13
HCFA	1	1

(January 1984)

¹Includes Railroad Retirement Board.

MEDICARE/CLAIMS PROCESSING

	Part A Intermediaries	Part B Carriers
Claims Processed (millions)	42.6	196.5
Net Administrative Costs (millions)	\$156.6	\$464.5
Net Unit Cost per Claim	\$ 3.68	\$ 2.36
Adjusted Unit Cost per Claim	\$ 3.37	\$ 2.20
Range:		
High	\$ 6.42	\$ 3.61
Low	\$ 2.52	\$ 1.80
Average Processing Time (days)	7.1	9.9

(Fiscal year 1983)

MEDICARE/CLAIMS RECEIVED

	Calendar Year 1983
Intermediary (thousands)	50,783
Inpatient Hospital	24.9%
Outpatient Hospital	59.1%
Home Health Agency	9.8%
Skilled Nursing Facility	1.7%
Other	4.5%
Carrier (thousands)	212,688
Assigned HCFA-1490	51.7%
Unassigned HCFA-1490	44.2%
HCFA 1554 and 1556	4.0%

MEDICARE/REASONABLE CHARGE REDUCTIONS

	Assigned HCFA-1490	Unassigned HCFA-1490
Claims Approved		
Number (thousands)	103,139	87,436
Percent Reduced	81.0	82.7
Total Covered Charges		
Amount (millions)	\$13,657	\$10,885
Percent Reduced	23.6	22.9
Amount Reduced per Claim	\$ 31.27	\$ 28.52

(Calendar year 1983)

MEDICARE/APPEALS

	Part A Reconsiderations	Part B Reviews
Received	30,987	2,410,290
Processed	N/A	2,392,048
Affirmed	77.3%	41.1%
Pending	N/A	—

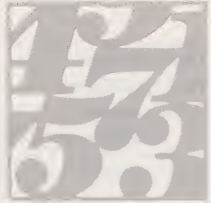
(Calendar year 1983)

MEDICAID/ADMINISTRATION AND TRAINING

	Fiscal Year	
	1983	1982
	(in thousands)	
Total Payments Computable for Federal Funding	\$1,552,463	\$1,466,772
Unadjusted Federal Share (current year)	929,038	871,103
Administration:		
Family Planning	1,589	470
Design, Development or Installation or MMIS ¹	20,534	27,632
Skilled Professional Medical Personnel	146,126	150,999
Operation of an Approved MMIS ¹	281,687	228,909
Other Financial Participation	452,186	423,062
Mechanized Systems Not Approved Under MMIS ¹	21,764	35,878
Total Administration	923,886	866,950
Total Training	5,152	4,153
Adjusted Federal Share	915,260	954,262

¹Medicaid Management Information System.

Fraud and Abuse /Quality Control



Information on activities for detection of fraud and abuse in HCFA programs and on quality control operations

Included are data on the validity of contractor and State administered procedures and systems, claims processing, report settlement, eligibility determinations, third-party liability, and fraud and abuse workloads.

FRAUD AND ABUSE/INTEGRITY REVIEWS

	Medicare		Medicaid	
	1982	1981	1982	1981
Total Receipts	24,841	24,004	26,391	19,941
Total Completed	27,746	29,232	22,459	23,491
Overpayments				
Established (millions)	\$2.9	\$4.0	\$7.2	\$11.3

(Fiscal year data)

FRAUD AND ABUSE/FULL-SCALE ABUSE INVESTIGATIONS

	Medicare		Medicaid	
	1982	1981	1982	1981
Total Initiated	2,522	2,202	2,780	2,907
Total Completed	2,892	2,639	3,464	3,368
Overpayments				
Established (millions)	\$13.7	\$17.6	\$45.9	\$32.1

(Fiscal year data)

QUALITY CONTROL/MEDICARE PART B CARRIERS

	Average Carrier Error Rate		
	1983	1982	1977
Occurrence (Claims processing errors per 100 line items)	6.0	6.7	8.7
Assigned	5.5	6.1	8.3
Hospital-Based	7.2	7.6	7.8
Unassigned	6.5	7.3	9.2
Payment/Deductible (Dollar error per \$100 of submitted charges)			
With Non-Review Penalty	1.6	1.6	2.2
Without Non-Review Penalty	1.6	1.6	1.9
Assigned	1.5	1.5	1.8
Hospital-Based	1.0	1.5	1.4
Unassigned	1.7	1.7	2.0

(Calendar year data)

QUALITY CONTROL/MEDICAID

	National Average Error Rate		
	Apr. 81- Mar. 82	Oct. 80- Sept. 81	Apr. 80- Sept. 80
(percent of dollars)			
Eligibility ¹	22.8	3.8	5.0
All Cases	N/A	4.5	4.8
Eligibility	N/A	2.9	3.9
Claims Processing	N/A	1.1	0.5
Third-Party Liability	N/A	0.5	0.3
(percent of cases)			
Total Case Error	N/A	10.2	9.9

¹Excludes Supplemental Security Income determinations.

²The Tax Equity and Fiscal Responsibility Act of 1982 mandated the exclusion of certain errors from the Medicaid Quality Control System thereby lowering error rates as compared to previous periods.

Reference

Selected reference material on cost-sharing features of the Medicare programs, program financing, administrative regions, and Medicaid Federal matching percentages



MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS

Part A (effective date)	Amount
Inpatient hospital deductible (1/1/84)	\$356/benefit period
Regular coinsurance day (1/1/84)	\$89/day for 61st thru 90th day
Lifetime reserve day (1/1/84)	\$178/day (60 nonrenewable days)
SNF coinsurance day (1/1/84)	\$44.50/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary HI premium (1/84)	\$155/month
Part B (effective date)	Amount
Deductible (1/1/82)	\$75 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance	20 percent of reasonable charges
Premium (1/1/84)	\$14.60/month
Outpatient treatment for mental illness	50 percent of approved charges/\$250 maximum annual program payments
Licensed physical therapists' services in home or office (1/1/82)	\$400 maximum annual program payment

PROGRAM FINANCING

Medicare/Source of Income

Hospital Insurance (HI) Trust Fund:

- 1. Payroll taxes*
- 2. Transfers from railroad retirement account
- 3. General revenue for
 - a. uninsured persons
 - b. military wage credits
- 4. Premiums from voluntary enrollees
- 5. Interest on investments

	1984	1985
* Contribution rate	<hr/> percent <hr/>	
Employees and employers, each	1.30	1.35
Self-employed	2.60	2.70

Maximum taxable amount (1984) \$37,800

Supplementary Medical Insurance (SMI) Trust Fund:

- 1. Premiums paid by or on behalf of enrollees
- 2. General revenue
- 3. Interest on investments

Medicaid/Financing

- 1. Federal contributions (ranging from 50 to 78 percent)
- 2. State contributions (ranging from 22 to 50 percent)

GEOGRAPHICAL JURISDICTIONS OF HCFA REGIONAL OFFICES AND FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP)

I. Boston		FMAP	VI. Dallas		FMAP
Connecticut		50	Arkansas		74
Maine		71	Louisiana		64
Massachusetts		50	New Mexico		69
New Hampshire		59	Oklahoma		58
Rhode Island		58	Texas		54
Vermont		69			
II. New York			VII. Kansas City		
			Iowa		55
New Jersey		50	Kansas		51
New York		50	Missouri		61
Puerto Rico		50	Nebraska		57
Virgin Islands		50			
Canada		N/A	VIII. Denver		
III. Philadelphia			Colorado		50
			Montana		64
Delaware		50	N. Dakota		61
Dis. of Columbia		50	S. Dakota		68
Maryland		50	Utah		71
Pennsylvania		56	Wyoming		50
West Virginia		71			
IV. Atlanta			IX. San Francisco		
			Arizona		61
Alabama		72	California		50
Florida		58	Hawaii		50
Georgia		67	Nevada		50
Kentucky		71	American Samoa		N/A
Mississippi		78	Guam		50
North Carolina		70	N. Mariana Islands		50
South Carolina		74	Mexico		N/A
Tennessee		71			
V. Chicago			X. Seattle		
			Alaska		50
Illinois		50	Idaho		67
Indiana		60	Oregon		57
Michigan		51	Washington		50
Minnesota		53			
Ohio		55			
Wisconsin		57			

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